

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST	336	5/18
VERIFIER	291	5-19
CORPS CORR.		
SPEC. HAND	414	2-11-93
FILE MAINT.	TL	2-22-93
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
Final	Original
1	✓
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SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
Final	Original
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